

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different
than previously
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Frank Jannazo

Signature of Treasurer

Electronically Filed by Mr. Frank Jannazo

Date

12

03

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		59846.35
(b) Cash on Hand at Beginning of Reporting Period	30083.86	
(c) Total Receipts (from Line 19)	14560.56	167896.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44644.42	227742.72
7. Total Disbursements (from Line 31)	29296.67	212394.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15347.75	15347.75
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M M D D Y Y W Y
1 0 1 6 2 0 0 8

To:

M M D D Y Y W Y
1 1 2 4 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12954.53	137497.77
(i) Itemized (use Schedule A)		
(ii) Unitemized	1592.35	30135.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	14546.88	167633.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	14546.88	167633.43
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	13.68	262.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14560.56	167896.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14560.56	167896.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	46.67	407.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	46.67	407.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	161500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5250.00	50487.88
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29296.67	212394.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29296.67	212394.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14546.88	167633.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14546.88	167633.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46.67	407.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46.67	407.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Anthony J Abela

Mailing Address 3622 Deerfield Ct

City

Grass Lake

State

MI

Zip Code

49240

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

778.80

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29485

Amount of Each Receipt this Period

155.76

Bi-weekly P/R deduction -
51.92

B.

Full Name (Last, First, Middle Initial)

Charlean Adams

Mailing Address 3523 East Manitou Circle

City

Muskegeon

State

MI

Zip Code

49441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2019.24

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29486

Amount of Each Receipt this Period

450.00

Bi-weekly P/R deduction -
150

C.

Full Name (Last, First, Middle Initial)

Ms Gayla M. Adams

Mailing Address 239 County Rd 4328

City

Tenaha

State

TX

Zip Code

75974

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Holiday

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

598.07

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29487

Amount of Each Receipt this Period

75.45

Bi-weekly P/R deduction -
25.15

SUBTOTAL of Receipts This Page (optional)

681.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2865.43

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29489

Amount of Each Receipt this Period

461.55

Bi-weekly P/R deduction -
153.85

B.

Full Name (Last, First, Middle Initial)

Michael Armstrong

Mailing Address 115 N. Remington Rd.

City

Bexley

State

OH

Zip Code

43209

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29492

Amount of Each Receipt this Period

72.00

Bi-weekly P/R deduction -
24

C.

Full Name (Last, First, Middle Initial)

Matthew Baad

Mailing Address 528 Bonnie Circle

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29495

Amount of Each Receipt this Period

36.00

Bi-weekly P/R deduction -
12

SUBTOTAL of Receipts This Page (optional)

569.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Tammy Barker-Cronin

Mailing Address 4521 Sutton Road

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AVP - Quality Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1113.81

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29497

Amount of Each Receipt this Period

149.13

Bi-weekly P/R deduction -
49.71

B.

Full Name (Last, First, Middle Initial)

L Jennifer Baron

Mailing Address 557 Jefferson St.

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29498

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

C.

Full Name (Last, First, Middle Initial)

Charles Batcher

Mailing Address 910 Orchard Drive

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director - Dementia Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29500

Amount of Each Receipt this Period

210.00

Bi-weekly P/R deduction -
70

SUBTOTAL of Receipts This Page (optional)

404.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Theresa A Becher

Mailing Address 17 Union Street

City

Tremont

State

PA

Zip Code

17981

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
ADNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.82

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29502

Amount of Each Receipt this Period

46.89

Bi-weekly P/R deduction -
15.63

B.

Full Name (Last, First, Middle Initial)

Donald S Boger

Mailing Address 78 W. Kyla Marie Drive

City

Newark

State

DE

Zip Code

19702

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29504

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

C.

Full Name (Last, First, Middle Initial)

Pamella S Britt

Mailing Address 27135 State Rt 49

City

Potomac

State

IL

Zip Code

61865

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29507

Amount of Each Receipt this Period

75.00

Bi-weekly P/R deduction -
25

SUBTOTAL of Receipts This Page (optional)

166.89

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lorna M Brown

Mailing Address 410 E. Court Street

City

Cambridge

State

IL

Zip Code

61238

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
11 / 19 / 2008

Transaction ID: SA11AI.29508

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

B.

Full Name (Last, First, Middle Initial)

Susan A Brown

Mailing Address 212 Keefer Rd.

City

Pine Grove

State

PA

Zip Code

17963

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc

Occupation

Admin Dir of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.92

Date of Receipt

MM / DD / YYYY
11 / 12 / 2008

Transaction ID: SA11AI.29509

Amount of Each Receipt this Period

41.82

Bi-weekly P/R deduction -
13.94

C.

Full Name (Last, First, Middle Initial)

David Burke

Mailing Address 3908 Tricking Brook Dr.

City

Richmond

State

VA

Zip Code

23228

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.18

Date of Receipt

MM / DD / YYYY
11 / 12 / 2008

Transaction ID: SA11AI.29510

Amount of Each Receipt this Period

57.69

Bi-weekly P/R deduction -
19.23

SUBTOTAL of Receipts This Page (optional)

129.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

John C Burkhart

Mailing Address 26592 Mingo Dr.

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Director^ Business Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29511

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

B.

Full Name (Last, First, Middle Initial)

Candace Burks-McCoy

Mailing Address 6115 North Ridge Road

City

Ft. Worth

State

TX

Zip Code

76135

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29512

Amount of Each Receipt this Period

60.00

Bi-weekly P/R deduction -
20

C.

Full Name (Last, First, Middle Initial)

Dena L Byrd-Byrum

Mailing Address 113 Lowood Lane

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29514

Amount of Each Receipt this Period

75.00

Bi-weekly P/R deduction -
25

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Charlie F Byrne

Mailing Address 4685 Rio Poco Court

City

Naples

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.68

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29515

Amount of Each Receipt this Period

132.69

Bi-weekly P/R deduction -
44.23

B.

Full Name (Last, First, Middle Initial)

Shirley D Cabildo

Mailing Address 38 Bentley Court

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.90

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29516

Amount of Each Receipt this Period

40.38

Bi-weekly P/R deduction -
13.46

C.

Full Name (Last, First, Middle Initial)

Vickie Canter

Mailing Address 17514 Lethridge Circle

City

Round Hill

State

VA

Zip Code

20141

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.90

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29518

Amount of Each Receipt this Period

49.05

Bi-weekly P/R deduction -
16.35

SUBTOTAL of Receipts This Page (optional)

222.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Javier Caveno

Mailing Address 3077 N. Oakland Forest Dr. #202

City

Oakland Park

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29520

Amount of Each Receipt this Period

51.00

Bi-weekly P/R deduction -
17

B.

Full Name (Last, First, Middle Initial)

Mr. William Chenevert

Mailing Address 620 Ashbury Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Vice President, Operations Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1712.30

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29521

Amount of Each Receipt this Period

192.30

Bi-weekly P/R deduction -
192.30

C.

Full Name (Last, First, Middle Initial)

Ms Lisa Cherry

Mailing Address 1971 A Allwood Drive

City

Bethlehem

State

PA

Zip Code

18018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29522

Amount of Each Receipt this Period

46.14

Bi-weekly P/R deduction -
15.38

SUBTOTAL of Receipts This Page (optional)

289.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lenette A Clark

Mailing Address 1259 Tower Court

City

Bourbannais

State

IL

Zip Code

60914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29523

Amount of Each Receipt this Period

99.96

Bi-weekly P/R deduction -
33.32

B.

Full Name (Last, First, Middle Initial)

William V Coury

Mailing Address 1369 Southern Magnolia Lane

City

Mt. Pleasant

State

SC

Zip Code

29406

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29526

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

C.

Full Name (Last, First, Middle Initial)

Ms Deborah Cszasz

Mailing Address 3715 Spear St.

City

Bethlehem

State

PA

Zip Code

18020

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Managed Care Consultant - Eastern

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.84

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29527

Amount of Each Receipt this Period

54.24

Bi-weekly P/R deduction -
18.08

SUBTOTAL of Receipts This Page (optional)

199.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jamie S D'Angelo

Mailing Address 26 Oakland Ave

City

Wheeling

State

WV

Zip Code

26003

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.38

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29529

Amount of Each Receipt this Period

59.91

Bi-weekly P/R deduction -
19.97

B.

Full Name (Last, First, Middle Initial)

Danny M Davis

Mailing Address P.O. Box 1252

City

Charleston

State

WV

Zip Code

25325

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29531

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

C.

Full Name (Last, First, Middle Initial)

Kathleen Dell

Mailing Address 5750 Belle Avenue

City

Davenport

State

IA

Zip Code

52807

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Rehab Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29533

Amount of Each Receipt this Period

85.50

Bi-weekly P/R deduction -
28.50

SUBTOTAL of Receipts This Page (optional)

190.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Timothy C Dietzen

Mailing Address 3615 Sunnyview Rd

City

Appleton

State

WI

Zip Code

54914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.29535

Amount of Each Receipt this Period

75.00

Bi-weekly P/R deduction -
25**B.**

Full Name (Last, First, Middle Initial)

David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

726.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.29537

Amount of Each Receipt this Period

90.87

Bi-weekly P/R deduction -
30.29**C.**

Full Name (Last, First, Middle Initial)

Ms Nancy Edwards

Mailing Address 5726 Rolbesay Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2880.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.29538

Amount of Each Receipt this Period

192.30

Bi-weekly P/R deduction -
192.30

SUBTOTAL of Receipts This Page (optional)

358.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

R Michael Ferguson

Mailing Address 2450 Underhill Rd

City State Zip Code
 Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.40

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29540

Amount of Each Receipt this Period

230.76

Bi-weekly P/R deduction -
76.92

B.

Full Name (Last, First, Middle Initial)

Sara M Fielding-Russell

Mailing Address 3601 Hawthorne Dr

City State Zip Code
 Richfield OH 44286

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.65

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29541

Amount of Each Receipt this Period

51.09

Bi-weekly P/R deduction -
17.03

C.

Full Name (Last, First, Middle Initial)

Elizabeth M Foley

Mailing Address 2313 Rockspring Rd

City State Zip Code
 Toledo OH 43614

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Legal Counsel II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.85

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29545

Amount of Each Receipt this Period

97.35

Bi-weekly P/R deduction -
32.45

SUBTOTAL of Receipts This Page (optional)

379.20

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen L Forrest

Mailing Address 3115 Wynstone Dr

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1338.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.29546

Amount of Each Receipt this Period

178.62

Bi-weekly P/R deduction -
59.54**B.**

Full Name (Last, First, Middle Initial)

Jamie Fox

Mailing Address 705A Allentown Rd

City

Sellersville

State

PA

Zip Code

18960

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.29547

Amount of Each Receipt this Period

60.60

Bi-weekly P/R deduction -
20.20**C.**

Full Name (Last, First, Middle Initial)

George Frill

Mailing Address 2006 Hale Ct

City

Wyomiseing

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Laureldale

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.29549

Amount of Each Receipt this Period

68.37

Bi-weekly P/R deduction -
22.79

SUBTOTAL of Receipts This Page (optional)

307.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sally A Gates

Mailing Address 2011 20Th Ln

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29551

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

B.

Full Name (Last, First, Middle Initial)

Michael D Gore

Mailing Address PO Box 1226

City

Rupert

State

WV

Zip Code

25984

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29553

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

C.

Full Name (Last, First, Middle Initial)

Mr. John Graham

Mailing Address 3000 Riva Ridge Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP/GM - Heartland Hospice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2316.02

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29555

Amount of Each Receipt this Period

162.12

Bi-weekly P/R deduction -
162.12

SUBTOTAL of Receipts This Page (optional)

237.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Melissa M. Groves

Mailing Address Rt. 1 Box 404

City

Kingwood

State

WV

Zip Code

26537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.97

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29557

Amount of Each Receipt this Period

38.13

Bi-weekly P/R deduction -
12.71

B.

Full Name (Last, First, Middle Initial)

Stephen L Guillard

Mailing Address 217 Garden St.

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4423.07

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29558

Amount of Each Receipt this Period

576.93

Bi-weekly P/R deduction -
192.31

C.

Full Name (Last, First, Middle Initial)

Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.67

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29559

Amount of Each Receipt this Period

76.14

Bi-weekly P/R deduction -
25.38

SUBTOTAL of Receipts This Page (optional)

691.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Alan Hash

Mailing Address 9496South Dunbar Circle

City State Zip Code
 South Jordan UT 84095

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29560

Amount of Each Receipt this Period

90.00

Bi-weekly P/R deduction -
30

B.

Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23 Chicago St. Apt.G

City State Zip Code
 Plainfield IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29561

Amount of Each Receipt this Period

126.00

Bi-weekly P/R deduction -
42

C.

Full Name (Last, First, Middle Initial)

Mary I Herman

Mailing Address 418 Highland Ave. RR#5

City State Zip Code
 Clarks Summit PA 18411

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.68

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29562

Amount of Each Receipt this Period

40.38

Bi-weekly P/R deduction -
13.46

SUBTOTAL of Receipts This Page (optional)

256.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth B. Hill

Mailing Address 1285 Sunhill Drive

City

Lawrenceville

State

GA

Zip Code

30043

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.35

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29563

Amount of Each Receipt this Period

86.07

Bi-weekly P/R deduction -
28.69

B.

Full Name (Last, First, Middle Initial)

Timothy M Hock

Mailing Address 8054 Tillicum Grove North

City

Rockford

State

MI

Zip Code

49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29564

Amount of Each Receipt this Period

115.38

Bi-weekly P/R deduction -
38.46

C.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Hoffman

Mailing Address 4829 Rhone Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Ops Support - Midstates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.13

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29565

Amount of Each Receipt this Period

70.20

Bi-weekly P/R deduction -
23.40

SUBTOTAL of Receipts This Page (optional)

271.65

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rodger J Hogan

Mailing Address 101 Mercury Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29566

Amount of Each Receipt this Period

102.00

Bi-weekly P/R deduction -
34

B.

Full Name (Last, First, Middle Initial)

Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29567

Amount of Each Receipt this Period

346.14

Bi-weekly P/R deduction -
115.38

C.

Full Name (Last, First, Middle Initial)

Mr. John Huber

Mailing Address 26448 Carronade Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29568

Amount of Each Receipt this Period

50.00

Bi-weekly P/R deduction -
50

SUBTOTAL of Receipts This Page (optional)

498.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City

TOLEDO

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.40

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29571

Amount of Each Receipt this Period

77.88

Bi-weekly P/R deduction -
25.96

B.

Full Name (Last, First, Middle Initial)

Frank A Jannazo

Mailing Address 3466 Country Farms Road

City

Oregon

State

OH

Zip Code

43616

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Accounts Receivable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29572

Amount of Each Receipt this Period

105.00

Bi-weekly P/R deduction -
35

C.

Full Name (Last, First, Middle Initial)

Gina Elizabeth Jennings

Mailing Address 7 Eva Court

City

Baltimore

State

MD

Zip Code

21220

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

ADNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.30

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29573

Amount of Each Receipt this Period

56.70

Bi-weekly P/R deduction -
18.90

SUBTOTAL of Receipts This Page (optional)

239.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 25 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Nancy E Johnson

Mailing Address 4266 Shire Landing

City

Hillard

State

OH

Zip Code

43026

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1161.84

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29574

Amount of Each Receipt this Period

153.60

Bi-weekly P/R deduction -
51.20

B.

Full Name (Last, First, Middle Initial)

Elizabeth M Kaczor

Mailing Address 1689 Rauch Rd

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP HR Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29577

Amount of Each Receipt this Period

115.38

Bi-weekly P/R deduction -
38.46

C.

Full Name (Last, First, Middle Initial)

Ken Kang

Mailing Address 513 Adams Street
Apt. #909

City

Toledo

State

OH

Zip Code

43604

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Analyst - Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.63

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29578

Amount of Each Receipt this Period

34.62

Bi-weekly P/R deduction -
11.54

SUBTOTAL of Receipts This Page (optional)

303.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Kathy Karr

Mailing Address 4430 Woodfield Drive

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29579

Amount of Each Receipt this Period

36.00

Bi-weekly P/R deduction -
12

B.

Full Name (Last, First, Middle Initial)

Anthony J Keelin

Mailing Address 2208 26th Avenue^ South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29580

Amount of Each Receipt this Period

75.00

Bi-weekly P/R deduction -
25

C.

Full Name (Last, First, Middle Initial)

Andrew Koha

Mailing Address 7620 Isaac Drive

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

RDO - Central 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29581

Amount of Each Receipt this Period

150.00

Bi-weekly P/R deduction -
50

SUBTOTAL of Receipts This Page (optional)

261.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kathryn C Kondolf-Harmer

Mailing Address 6421 Crews Lake Hills Loop West

City

Lakeland

State

FL

Zip Code

33813

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29582

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

B.

Full Name (Last, First, Middle Initial)

Mr. David Lanning

Mailing Address 806 Copley Lane

City

Silver Spring

State

MD

Zip Code

20904

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Vice President, Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29584

Amount of Each Receipt this Period

292.50

Bi-weekly P/R deduction -
97.50

C.

Full Name (Last, First, Middle Initial)

Michael Lavin

Mailing Address 205 Foxmanor Lane

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.87

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29585

Amount of Each Receipt this Period

77.25

Bi-weekly P/R deduction -
25.75

SUBTOTAL of Receipts This Page (optional)

399.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Diane Lube

Mailing Address 1040 Pinewood Drive

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29587

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

B.

Full Name (Last, First, Middle Initial)

Carrie Lund

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.91

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29589

Amount of Each Receipt this Period

138.00

Bi-weekly P/R deduction -
46

C.

Full Name (Last, First, Middle Initial)

Gretchen W Mangone

Mailing Address 5234 Reddington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29590

Amount of Each Receipt this Period

75.00

Bi-weekly P/R deduction -
25

SUBTOTAL of Receipts This Page (optional)

258.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 29 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sephania M Marcotullio

Mailing Address 49895 Waterstone Estates Circle

City State Zip Code
 Northville MI 48168

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29592

Amount of Each Receipt this Period

60.00

Bi-weekly P/R deduction -
20

B.

Full Name (Last, First, Middle Initial)

Laverne M Martin

Mailing Address 8232 Ridge Run Place

City State Zip Code
 Mechanicsville PA 23116

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.28

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29594

Amount of Each Receipt this Period

55.56

Bi-weekly P/R deduction -
18.52

C.

Full Name (Last, First, Middle Initial)

Debra Martindale

Mailing Address PO Box 94

City State Zip Code
 Smithfield IL 61477

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation
Admissions Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.48

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29595

Amount of Each Receipt this Period

32.46

Bi-weekly P/R deduction -
10.82

SUBTOTAL of Receipts This Page (optional)

148.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Anita M Martinez

Mailing Address 909 Gainesway Court

City

Florissant

State

MO

Zip Code

63034

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29596

Amount of Each Receipt this Period

77.88

Bi-weekly P/R deduction -
25.96

B.

Full Name (Last, First, Middle Initial)

Nancy F Mason

Mailing Address 56 Holden Dr

City

Martinsburg

State

WV

Zip Code

25401

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29598

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

C.

Full Name (Last, First, Middle Initial)

Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29600

Amount of Each Receipt this Period

165.00

Bi-weekly P/R deduction -
55

SUBTOTAL of Receipts This Page (optional)

287.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Patricia McCormick

Mailing Address 113 Holly Lane

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29603

Amount of Each Receipt this Period

90.00

Bi-weekly P/R deduction -
30

B.

Full Name (Last, First, Middle Initial)

Melanie P McWhite

Mailing Address 1551 Crichton Road W

City

Jacksonville

State

FL

Zip Code

32221

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29606

Amount of Each Receipt this Period

75.72

Bi-weekly P/R deduction -
25.24

C.

Full Name (Last, First, Middle Initial)

Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Dir of Information Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.59

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29607

Amount of Each Receipt this Period

192.31

Bi-weekly P/R deduction -
192.31

SUBTOTAL of Receipts This Page (optional)

358.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Michelle M Meyer

Mailing Address 28 W. Linwood Rd.

City

Linwood

State

MI

Zip Code

48634

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29608

Amount of Each Receipt this Period

42.00

Bi-weekly P/R deduction -
14

B.

Full Name (Last, First, Middle Initial)

William Milianes

Mailing Address 169 Sheridan Ave.

City

Ho Ho Kus

State

NJ

Zip Code

07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Executive Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.27

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29609

Amount of Each Receipt this Period

51.93

Bi-weekly P/R deduction -
17.31

C.

Full Name (Last, First, Middle Initial)

Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City

West Palm Beach

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29614

Amount of Each Receipt this Period

115.38

Bi-weekly P/R deduction -
38.46

SUBTOTAL of Receipts This Page (optional)

209.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Linda Neumann

Mailing Address 28 Roslyn Road

City

Grosse Pointe Shor

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1836.45

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29615

Amount of Each Receipt this Period

280.89

Bi-weekly P/R deduction -
93.63

B.

Full Name (Last, First, Middle Initial)

Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

980.90

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29618

Amount of Each Receipt this Period

173.10

Bi-weekly P/R deduction -
57.70

C.

Full Name (Last, First, Middle Initial)

Ann E Otley

Mailing Address 333 W Wooster St

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Director of Corporate Benefits

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29619

Amount of Each Receipt this Period

120.00

Bi-weekly P/R deduction -
40

SUBTOTAL of Receipts This Page (optional)

573.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1513.66

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29620

Amount of Each Receipt this Period

198.00

Bi-weekly P/R deduction -
66

B.

Full Name (Last, First, Middle Initial)

Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3844.28

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29621

Amount of Each Receipt this Period

576.00

Bi-weekly P/R deduction -
192

C.

Full Name (Last, First, Middle Initial)

Douglas M Parson

Mailing Address 812 Countay Club Drive

City

Butler

State

MO

Zip Code

64730

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29624

Amount of Each Receipt this Period

63.15

Bi-weekly P/R deduction -
21.05

SUBTOTAL of Receipts This Page (optional)

837.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Deborah A Parziale

Mailing Address 8850 Little Creek Road

City

Reno

State

NV

Zip Code

89506

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29625

Amount of Each Receipt this Period

105.00

Bi-weekly P/R deduction -
35

B.

Full Name (Last, First, Middle Initial)

Karen S Petyko

Mailing Address 14108 Doffin Street

City

Cedar Lake

State

IN

Zip Code

46303

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.29627

Amount of Each Receipt this Period

20.00

Bi-weekly P/R deduction -
20

C.

Full Name (Last, First, Middle Initial)

David III Pipkin

Mailing Address 9211 Marydell Rd

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.84

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29629

Amount of Each Receipt this Period

151.26

Bi-weekly P/R deduction -
50.42

SUBTOTAL of Receipts This Page (optional)

276.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1441.29

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29631

Amount of Each Receipt this Period

189.81

Bi-weekly P/R deduction -
63.27

B.

Full Name (Last, First, Middle Initial)

Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City

Kenvil

State

NJ

Zip Code

07847

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.36

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29635

Amount of Each Receipt this Period

105.00

Bi-weekly P/R deduction -
35

C.

Full Name (Last, First, Middle Initial)

John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3220.12

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29636

Amount of Each Receipt this Period

565.38

Bi-weekly P/R deduction -
188.46

SUBTOTAL of Receipts This Page (optional)

860.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Damian M Rodgers

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29640

Amount of Each Receipt this Period

111.00

Bi-weekly P/R deduction -
37

B.

Full Name (Last, First, Middle Initial)

Glen Roebuck

Mailing Address 314 Forest Road

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1037.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29641

Amount of Each Receipt this Period

143.40

Bi-weekly P/R deduction -
47.80

C.

Full Name (Last, First, Middle Initial)

Lynette M Rugg

Mailing Address 1348 Oakland Circle

City

N. Aurora

State

IL

Zip Code

60542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.61

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29643

Amount of Each Receipt this Period

76.41

Bi-weekly P/R deduction -
25.47

SUBTOTAL of Receipts This Page (optional)

330.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia S Scharp

Mailing Address 1627 N. 1100 E

City

Gilman

State

IL

Zip Code

60938

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29645

Amount of Each Receipt this Period

60.00

Bi-weekly P/R deduction -
20

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29646

Amount of Each Receipt this Period

75.00

Bi-weekly P/R deduction -
25

C.

Full Name (Last, First, Middle Initial)

Mr. Edward Schuch

Mailing Address 304 Adriana Court

City

Northampton

State

PA

Zip Code

18067

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.34

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29647

Amount of Each Receipt this Period

93.06

Bi-weekly P/R deduction -
31.02

SUBTOTAL of Receipts This Page (optional)

228.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Pamela K Sebern

Mailing Address 36 West 290 Barton Drive

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29648

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

B.

Full Name (Last, First, Middle Initial)

Susan Sexton

Mailing Address 7645 Yawberg Road

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Manager - Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.53

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29649

Amount of Each Receipt this Period

103.62

Bi-weekly P/R deduction -
34.54

C.

Full Name (Last, First, Middle Initial)

Theresa J Smelser

Mailing Address 202 N. Elm Hurst Rd.

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

809.95

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29652

Amount of Each Receipt this Period

95.25

Bi-weekly P/R deduction -
31.75

SUBTOTAL of Receipts This Page (optional)

228.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Dean A Smith

Mailing Address 5918 Johnson Street

City

Cantonsville

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.15

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29653

Amount of Each Receipt this Period

77.22

Bi-weekly P/R deduction -
25.74

B.

Full Name (Last, First, Middle Initial)

Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1903.80

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29654

Amount of Each Receipt this Period

475.95

Bi-weekly P/R deduction -
158.65

C.

Full Name (Last, First, Middle Initial)

David W Snyder Jr

Mailing Address 3117 Terry Dr. SE

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29655

Amount of Each Receipt this Period

45.00

Bi-weekly P/R deduction -
15

SUBTOTAL of Receipts This Page (optional)

598.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Rami Ubaydi

Mailing Address 27134 Pumpkin Street

City

Murrieta

State

CA

Zip Code

92562

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

892.28

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29659

Amount of Each Receipt this Period

150.00

Bi-weekly P/R deduction -
50

B.

Full Name (Last, First, Middle Initial)

Suzanne Waldo

Mailing Address 267 Mather Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29661

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

C.

Full Name (Last, First, Middle Initial)

John L Waller

Mailing Address 822 Raleigh Court

City

Gastonia

State

NC

Zip Code

28054

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

AVP of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.94

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29662

Amount of Each Receipt this Period

70.14

Bi-weekly P/R deduction -
23.38

SUBTOTAL of Receipts This Page (optional)

250.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Toni Y Williams

Mailing Address 141 Boiling Spring Cir

City

Southern Pines

State

NC

Zip Code

28387

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29663

Amount of Each Receipt this Period

104.40

Bi-weekly P/R deduction -
34.80

B.

Full Name (Last, First, Middle Initial)

Mark A Wilson

Mailing Address 140 Packet Drive

City

Charles Town

State

WV

Zip Code

25414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29664

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

C.

Full Name (Last, First, Middle Initial)

Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City

Miamisburg

State

OH

Zip Code

45342

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

RDO - Central Division Region 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.81

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29666

Amount of Each Receipt this Period

88.41

Bi-weekly P/R deduction -
29.47

SUBTOTAL of Receipts This Page (optional)

222.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Darrell W Woods

Mailing Address 5018 Honeyleaf Way

City

Dayton

State

OH

Zip Code

45424

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Piqua

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.29667

Amount of Each Receipt this Period

30.00

Bi-weekly P/R deduction -
10

B.

Full Name (Last, First, Middle Initial)

Julie A Yoxthimer

Mailing Address 249 E Pearl St

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.29669

Amount of Each Receipt this Period

36.00

Bi-weekly P/R deduction -
12

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

12954.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 50

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

The Huntington National Bank

Mailing Address P.O. Box 5065

City

Cleveland

State

OH

Zip Code

44101-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

262.94

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA17.29484

Amount of Each Receipt this Period

13.68

Interest Income 10/08

SUBTOTAL of Receipts This Page (optional)

13.68

TOTAL This Period (last page this line number only)

13.68

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees - 11/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.29462

Date of Disbursement

11 / 17 / 2008

Amount of Each Disbursement this Period

46.67

SUBTOTAL of Disbursements This Page (optional)

46.67

TOTAL This Period (last page this line number only)

46.67

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.29472 Date of Disbursement
Mailing Address POST OFFICE BOX 12469	<div> <div>^M1</div> <div>^M</div> <div>/</div> <div>^D0</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y8</div> </div>
City ATLANTA State GA Zip Code 30355	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution for 12/02/08 Runoff	<div>5000.00</div>
Candidate Name C SAXBY CHAMBLISS	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23.29463 Date of Disbursement
Mailing Address 430 S Capitol Street SE	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D1</div> <div>^D6</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y8</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Void of Check 5590 from 10/29/07	<div>-5000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23.29466 Date of Disbursement
Mailing Address 430 S Capitol Street SE	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D2</div> <div>^D2</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y8</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>13000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

GEORGIA REPUBLICAN PARTY

Mailing Address P. O. Box 550008

City Atlanta, State GA Zip Code 30355

Purpose of Disbursement
Contribution for 12/02/08 Runoff

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: District: Runoff

Transaction ID: SB23.29475

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 1205 Locust Street
Suite 100

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement
Contribution

Candidate Name
JIM GERLACH

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: PA District: 06

Transaction ID: SB23.29467

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Contribution for 12/02/08 Runoff

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: District: Runoff

Transaction ID: SB23.29477

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

THE COMMITTEE TO RE-ELECT ARTUR DAVIS TO CONGRESS

Mailing Address P.O. Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Dinner event held on 11/19/2008

Candidate Name
ARTUR G DAVIS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: SB23.29478

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue
Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement
Void of check 5705 from 09/11/2008

Candidate Name
TIMOTHY J RYAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: SB23.29465

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

24000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A. Full Name (Last, First, Middle Initial) Citizens for Sam Smith	Transaction ID: SB29.29470 Date of Disbursement
Mailing Address 826 Ridge Road	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Punxsutawney State PA Zip Code 15767	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Coleman for Senate Recount Fund	Transaction ID: SB29.29673 Date of Disbursement
Mailing Address 680 Transfer Road Suite A	<div> <div>11</div> <div>14</div> <div>2008</div> </div>
City Saint Paul State MN Zip Code 55114	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution to recount fund	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris	Transaction ID: SB29.29469 Date of Disbursement
Mailing Address 1238 Township Road 1506	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Ashland State OH Zip Code 44805	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

WHCA-PAC

Mailing Address 121 East Wilson Street
Suite L200

City Madison State WI Zip Code 53703

Purpose of Disbursement
Void of check 5622 from 02/29/2008

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.29464

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1750.00

SUBTOTAL of Disbursements This Page (optional)

-1750.00

TOTAL This Period (last page this line number only)

5250.00